

MAR - 1 2021 UNITED STATES COURT OF APPEALS

FOR THE NINTH CIRCUIT CLERK, U.S. DISTRICT COURT EASTERN DISTRICT OF CALIFORNIA Form 1. Notice of Appeal from a Judgment or Order of a DEPUTY CLERK **United States District Court**

Name of U.S. District Court: Eastern District Court: Robert T. Matsui
U.S. District Court case number: 2:20-cv-02086-KJM-AC
Date case was first filed in U.S. District Court: 10/19/2020
Date of judgment or order you are appealing: 1/21/2021
Fee paid for appeal? (appeal fees are paid at the U.S. District Court)
○ Yes ○ No ● IFP was granted by U.S. District Court
List all Appellants (List each party filing the appeal. Do not use "et al." or other abbreviations.)
Plaintiff: (PRO SE) Maurice R. Atkinson
Is this a cross-appeal? C Yes • No
If Yes, what is the first appeal case number?
Was there a previous appeal in this case? • Yes • No
If Yes, what is the prior appeal case number?
Your mailing address:
1580 Maple St.
City: San Mateo State: CA Zip Code: 94063
Prisoner Inmate or A Number (if applicable):
Signature Maurice R. Atkinson Date 2/1/21
Complete and file with the attached representation statement in the U.S. District Court

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov

UNITED STATES COURT OF APPEALS FOR THE NINTH CIRCUIT

Form 6. Representation Statement

Instructions for this form: http://www.ca9.uscourts.gov/forms/form06instructions.pdf

Appellant(s) (List each party filing the appeal, do not use "et al." or other abbreviations.)
Name(s) of party/parties:
Name(s) of counsel (if any):
Address:
Telephone number(s):
Email(s):
Is counsel registered for Electronic Filing in the 9th Circuit? Yes No
Appellee(s) (List only the names of parties and counsel who will oppose you on appeal. List separately represented parties separately.)
Name(s) of party/parties:
Windsor El Camino care center
Name(s) of counsel (if any):
Grace Thompson:Davis Wright Tremaine LLP
Address: 2540 Carmichael way, Carmicheal, CA 95608
Telephone number(s): 916-482-0465
Email(s):
To list additional parties and/or counsel, use next page.

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Continued list of parties and counsel: (attach additional pages as necessary) **Appellants** Name(s) of party/parties: Healthcare services Group, inc. Name(s) of counsel (if any): Grace Thompson: Davis Wright Tremaine LLP Address: 3220 Tillman Drive, Suite 300 Bensalem, PA 19020 Telephone number(s): 215-639-4274 Email(s): Is counsel registered for Electronic Filing in the 9th Circuit? ○ Yes ○ No **Appellees** Name(s) of party/parties: Name(s) of counsel (if any): Address: Telephone number(s): Email(s): Name(s) of party/parties: Name(s) of counsel (if any): Address: Telephone number(s):

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov

Email(s):